row, after Czerny's modification of Lembert's method. Searching then for the wound of exit, I found it also vomiting fæces directly behind at the junction of the meso-colon with the intestine. The meso-colon and meso-cœcum in this case were long as the peritoneum completely surrounded the gut. The ilium was united to the intestine on its inner and posterior surface midway betwee n the two wounds. The second wound had its long axis also transverse to that of the bowel, and was sewed together in the same way as the first. This done, I was able to trace the track of the bullet down into the femoral canal before the external iliac and femoral artery, by a ragged opening in the muscle, but its course afterwards is a matter of great uncertainty. I carefully examined the small intestines without withdrawing them from the cavity, but found no other wound. The abdominal cavity was washed out and closed with wire sutures, and a drainage tube inserted. The patient began immediately to improve, and her temperature fell a degree on the same day; she vomited less frequently, and the ejecta contained only mucus and swallowed fluid. Her pulse fell to 100, but her temperature rose again on the second and third days to 102° F. After the third day the improvement was more n arked, and on the sixth day she ceased altogether to vomit, and her temperature fell to 99° and 100°. The drainage tube was then withdrawn, without having discharged one drop of pus. Subsequently, however, a small superficial abscess formed in the track of the wound, and on the tenth day discharged a teaspoonful of pus. Her convalescence was thenceforth uninterrupted, and she left the hospital, February 2, suffering only from a lameness consequent upon the passage of the ball into the thigh.—*Chicago Med. Journ. and Exam.*, July, 1887.

VII. Laparotomy in Perityphlitic Abscess with Especial Reference to Perforation of the Appendix Vermiformis. By ROBERT F. WEIR, M.D., (New York). This paper is a plea for earlier operation and bolder treatment in this class of cases, and contains a critical review of the literature of the subject and an analysis of the ten reported cases of operation for infectious peritonitis for perforation of the appendix vermiformis, which may be tabulated as follows:

No.	Date.	Operator.	Sex and Age.	Indications for operation.	Operative Details and Complications.	Result.	Reference.
1	1883	Mikulicz.	M., 42	General peritonitis and supposed intestinal obstruction.	Laparotomy 5th day; perforation not recognized at operation.	Death 5 days later; perforation of appendix found at autopsy.	Samm., klin. Vor., No. 262, 1885,
2	1883	Chaput.	M., —	Supposed obstruction.	Laparotomy 10th day; general suppurative peritonitis; drainage; no perforation of appendix recognized.	Death shortly after end of operation; perforation of appendix found at autopsy	Progres Medicale, 1883, p. 103.
3	1884	Krönlein.	M., 17	All usual signs of peritonitis; temp. not high and not much tympanites.	Laparotomy 2d day. Appendix found perforated and removed for first time in history of surgery.	Death two days later after a temporary amelioration of symptoms.	Arch. für klin. Chirg., Bd. 32, s. 507.
4	1885	Krönlein.	M., 17	Early symptoms pointed to right iliac disease and stercoraceous vomiting developed and induced operation.	Laparotomy 8th day; perforation not found. Belly cleansed and closed without drainage.	Recovery.	Loc. cit.
5	1884	Polailloo.	M., 19	Supposed obstruction of bowels with fully developed peritonitis.	Laparotomy 7th day; perforation not found, source of obstruction not recognized. Loop of gut sewed in abdominal wound making an artificial anus.	Death 10 hrs. after; perforation of appendix found only at autopsy.	L'Union Medicale, 1884, p. 4.
6	1885	Poncet.	M., Adult	General peritonitis and faecal vomiting.	Laparotomy 4th day without anæsthesia; perforation not found, only a probably secondary ulceration of mesentery recognized; drainage.	Death same day; autopsy showed appendix not perforated but gangrenous and containing several faecal concretions.	Truc: Traitment chir. de la peritonite, 1886, p. 57.
7	1886	Regnier.	M., 16	Symptoms of intestinal obstruction with stercoraceous vomiting.	Laparotomy 5th day; suppurative peritonitis found.	Death 7 hrs. later; perforation of appendix only at autopsy.	Truc: loc. cit.

No.	Date.	Operator.	Sex and Age.	Indications for operation.	Operative Details and Complications.	Result.	Reference.
8	1886	J. L. Homans.	M., 11	Pain and tenderness in right iliac region 5 days; dulness on percussion and high and increasing temp. and pulse.	Laparotomy 5th day over most tender spot exposing healthy intestines; by poking with fingers an abscess containing 2 oz was opened and drained.	Recovery.	Annals of Surgery, Vol. IV, p 242.
9	1886	R. J. Hall.	M., 17	Acute peritonitis with right inguinal hernia; strangulated hernia diagnosed.	Laparotomy 4th day. Hernial sac opened, giving exit to pus; at top of sac, cæcum recognized and a perforated tubercular appendix, which was ligatured and removed. Wound enlarged upward 3 inches and peritoneal cavity opened enough to admit the hand by which a number of purulent deposits were broken up and emptied; no washing out; large drainage tube and vent of iodoform gauze.	Recovery.	N.Y.Med. Jour., June 12, 1886.
10	1886	J. D. Bryant.	M., 19	General peritonitis with referred epigastric pain.	Laparotomy end of second day, discovering appendix perforated in 11 free places; peritoneal toilet and washing out with 1 to 1000 sublimate solution.	Death 12 hrs. later.	Gaillard's Med. Jour., Feb., 1887.
11	1886	R. F. Weir.	M., 22	Pain in abdomen especially in right iliac region, where there was a slight but not marked dulness while the rest was tympanitic; aspiration drew seropurulent fluid.	Laparotomy 5th day first in the right iliac fossa hoping for a circumscribed collection but finding to be a general circumscribed peritonitis, median laparotomy was done and a perforated appendix easily recognized; this was tied off, the stump ligatured and sewed in, and the belly washed out and drained.	Death 6 hrs. later	Annals of Surgery, vol. vi, p. 78.

No.	Date.	Operator.	Sex and Age.	Indications for operation.	Operative Details and Complications.	Result.	Reference.
12	1887	R. F. Weir.	M., 19	Progressive pain in right iliac fossa; no tumor nor percussion-dulness; no pus on exploration with aspirator needle; fæcaloid vomiting on the 4th and 5th day, with tympanites.	Laparotomy 5th day through incision 3 inches long, subsequently enlarged after an abscess had been detected at brim of pelvis, which broke under touch of finger, allowing 5 oz. or 6 oz. of fœtid yellow pus to run over the already inflamed intestine in pelvic cavity and adjacent parts; pelvic cavity washed with quite hot water; appendix exposed and found to be perforated in two places and to contain faecal concretion; ligatured and excised; abscess extended from pelvic brim across top of bladder and between it and rectum; drainage.	Death 4 hrs. later, not rallying from the shock of the operation.	Present paper.

The views presented in this paper are practically the same as reported in the ANNALS OF SURGERY, Vol. VI, P. 78. He proposes that hereafter, anæsthesia should either be done away with or limited as much as possible or replaced by cocaine, and recapitulates in the following propositions: (1) That the generality of perityphlitic abscesses are due to inflammation or perforation of the appendix vermiformis. (2) That the mortality in such lesions is greatest prior to the third day. (3) That as soon as it can be recognized, pus should be evacuated extra-peritoneally if possible, or by lateral laparotomy, and the cavities drained. (4) That if aspiration fails to detect pus where a tumor exists, it is wiser to make an early extra-peritoneal exploratory incision. (5) That where general peritonitis is progressing, with any history of a right iliac pain, a limited lateral (preferably) or a median laparotomy should be made, to explore the region of the appendix within forty-eight hours from the inception of the disease. (6) That if pus is thus recognized, it should be evacuated and a drainage tube inserted without toilet of the peritoneum.—*N. Y. Med. Rec.*, June 11, 1887.